

**CONSENT AND RELEASE OF LIABILITY
FOR USE OF MINOR'S LIKENESS AND OTHER INFORMATION**

I (We) the parent(s) and/or guardian(s) hereby grant consent for St. Hilary Parish in Fairlawn, Ohio ("Parish"), and/or its agents to record (in writing or otherwise), photograph, audiotape, or videotape my minor child's name, image, likeness, spoken words, student work, and/or performance, in any form, and to display, release, exhibit, publish, or distribute the same, or any part thereof, for the purpose of and in connection with any material that may be created by or on behalf of the Parish (including the Parish's school) including, without limitation, Parish bulletin boards; school yearbooks; the Parish's or Parish's school website; print and electronic media; Parish and Parish school marketing, public relations and communications materials and/or presentations; and such other uses as may not be contemplated herein, without further notice or compensation as follows:

- I consent to all of the above.
- I consent to all of the above, *except* _____
_____.
- I consent to only the following: _____
_____.
- I do not consent to any of the above.

I further understand that by entering into this informed consent and release, and by granting permission as stated herein, I hereby release the Parish, the Diocese of Cleveland, and their respective officers, directors, agents and/or employees from and against any and all liability, loss, damage, costs, claims, and/or causes of action arising out of or related to the above items to which I have consented.

I further understand that the Parish and its respective officers, directors, agents and/or employees have no control over use of photographs, videotapes, audiotapes, or other recordings made by others and/or outside the scope of this consent and release.

Finally, in signing below I acknowledge that all recordings, audiotape, videotape, photographic proofs, photographic negatives, positives, and prints shall constitute the property of the Parish.

Name of Minor Student (please print)

Signature of Parent(s) or Legal Guardian(s)

Printed Name of Parent or Legal Guardian

Date

Residing at: _____

MINOR'S FORM
AUTHORIZATION FOR RELEASE OF LIABILITY & RESPONSIBILITY

Participant / both parents / legal guardians must sign. / One per youth participant.

I/We, _____ date of birth ____/____/____ SSN: _____ -

Print Parent/legal guardian full name

AND
_____ date of birth ____/____/____ SSN: _____ -

Print Parent/legal guardian full name

The Parents of _____ (name of child)
[hereinafter "Child"]

Who resides at: _____ ,

Street Address City/State/Zip

Mailing Address: _____ ,

Street Address if different from above City/State/Zip if different from
above

REQUEST AND UNDERSTAND that our Child,

_____, will participate in a Vacation Bible
School program that will take place on the grounds of St. Hilary Parish in Fairlawn, Ohio from
_____ to _____, 2010. I understand that while most activities will
be indoors, there will be some recess type activities and games outside and participants will take part in arts
and crafts type activities. I further understand and agree that I (we) will be responsible for our Child's
transportation to and from St. Hilary. I/we further understand the possibility of unforeseen hazards and
inherent possibility of risk.

I/we attest that the Child is in good medical condition, that Child has no medical conditions that would
restrict any actions described; I attest that I have listed any pertinent medical conditions on the medical
authorization form attached hereto. I understand that it is my/our sole responsibility to provide adequate
health insurance for the Child.

IN CONSIDERATION of the right of Child to attend and participate in this approved, sponsored VBS as
described above, the undersigned hereby:

AGREE to abide by **ALL RULES AND REGULATIONS** established by St. Hilary Parish, and
its designated volunteers.

AGREES to release **LIABILITIES AND TO INDEMNIFY AND HOLD HARMLESS**, St.
Hilary Parish, its pastor and staff, the Roman Catholic Diocese of Cleveland, the Most Reverend
Richard G. Lennon, as well as their respective employees, agents, representatives, sponsors and
volunteers from and against all claims, judgments, liability (of any nature or extent), damages,
causes of action, or injuries which in any way arise out of or relate to Child's participation in the
above described program, whether foreseen or unforeseen.

_____, Date: _____
Parents/Legal Guardians Signature

_____, Date: _____
Parents/Legal Guardians Signature

**YOUTH AGREEMENT: I accept and comply with all the rules and regulations set forth by
this program**
and by St. Hilary Parish, and its designated volunteers.

_____, Date: _____
Youth Participant Signature

MEDICAL INFORMATION AND EMERGENCY MEDICAL AUTHORIZATION

Parent/Guardian Full Name: _____

Child Full Name: _____

Date of Birth: _____

Emergency Contact #1:

Name of Emergency Contact: _____

Phone No.'s for Contact: Home # () _____ Work # () _____

Cell # () _____

Relationship: Spouse Father Mother

Other: _____

Emergency Contact #2:

Name of Emergency Contact: _____

Phone No.'s for Contact: Home # () _____ Work # () _____

Cell # () _____

Relationship: Spouse Father Mother

Other: _____

Medical Information:

Chronic Illnesses: _____

Allergies: _____

Current Medications: _____

Date of Last Tetanus

Immunization: _____

Other: _____

Name of Doctor/

Primary Care Physician: _____

Phone No. _____

Insurance Information:

Health Insurance Co: _____

Member Number: _____

Group Number: _____

Group Name: _____

EMERGENCY MEDICAL AUTHORIZATION

Purpose – To enable parents to authorize emergency treatment for children who become ill or injured while participating in Vacation Bible School at St. Hilary Parish, when parents cannot be reached

In the event reasonable attempts to contact me at _____ or _____
at _____ have been unsuccessful, I hereby give my consent for 1) the
Administration of any treatment deemed necessary by Dr. _____ or
Dr. _____; in the event the designated preferred practitioner(s)
is not available, then by another licensed physician or dentist; and 2) the transfer of the
child to _____ or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Date	Signature of Parent	Address
-------------	----------------------------	----------------

DO NOT COMPLETE PART II IF YOU COMPLETED PART I

PART II — REFUSAL TO CONSENT

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring medical treatment, I wish the program administrators to take the following action

Date	Signature of Parent	Address
-------------	----------------------------	----------------